

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026631

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Central		c. CITY OR TOWN St. Clair	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Clair Rt. 2		d. STREET ADDRESS (If outside, give location) Rt. 2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Ellis Last McNees		4. DATE OF DEATH Month August Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/23/72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hardware	9. AGE (last birthday) 89
11a. BIRTHPLACE (City and state or country) Green Co., Tenn		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James M. McNees		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Emma Lou McNees		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Cecil McNees		Address St. Clair, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central hemiplegia + cardiac failure DUE TO (b) admission C & D DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 1955 to death and last saw him alive on 8-5-62 Death occurred at 5 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. P. [Signature] (Degree or title)		22b. ADDRESS St. Clair, Mo.	22c. DATE SIGNED 8-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/9/62	23c. NAME OF CEMETERY OR CREMATORY Midlawn Gardens	23d. LOCATION (City, town, or county) (State) Union, Mo.
24. FUNERAL DIRECTOR Casey-Lenox F.H.		25. DATE RECD. BY LOCAL REG. 9-Aug-62	26. REGISTRAR'S SIGNATURE [Signature]
Address St. Clair, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0360

2 0360

3

4 0

5 2

6

7 1

8 0

9 422.1

10

11

12 90-0

13 3-0

AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. M. Leroy

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.